STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.	01			
HAL085008		B. WING		09/01/2016			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ROSE TA	ROSE TARA PLANTATION 125 PLANTATION DRIVE KING, NC 27021						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	Harrell and Bob Ge Records indicates to on 11-7-1988, as a licensed for 65 bed surveyed for confor portions of the 200 Care Homes of Se applicable portions 9), of the North Car Institutional Occupa 1987 Minimum Sta Homes for the Age	Construction Survey by Dennis etchell on 9-1-2016. this facility was first licensed in HA. The facility is currently is. Therefore the facility was rmance with the applicable 5 Rules for Licensing of Adult in the 1978 Edition (revision rolina Building Code(s), ancy-Unrestrained, and the indards and Regulations for id in effect at time of initial					
licensure. C 166 Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:		C 166					
	maintained in a saf much combustible Excess combustible load beyond the ro- contain a fire. Findings include; a. Room 29 contai other cumbustibles	vation, the facility was not be condition because of too storage in a single space. The storage increases the fuelom's and the door's capacity to med 5 mattresses and many med 8 mattresses and many					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED	
		HAL085008	B. WING		09/0	1/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ROSE TA	ARA PLANTATION		TATION DRI	VE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	KING, NC TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 166	combustible decora 2. Based on observation of the outside off the med room. Only be operated from as barrel bolt latches someone could be someone could be someone could be someone to be some to be someone to be	vations. vation there was a barrel bolt of the door to the bathroom Latching hardware that can om one side of the door, such es present the possibility that trapped in the room. Maintained Safe, Operating PHYSICAL PLANT 11 OTHER and all fire safety, electrical, umbing equipment in an adult maintained in a safe and	C 166	DEFICIENCY)			
	This Rule is not me 1. Based on observing rated walls and in several locations are not sealed with one-hour fire rated possibility that a fire quickly spread to of Findings include: a. Hole in the ceiling. Hole in the ceiling. Holes in the ceiling. Damaged wall in	apply to new and existing acception of Paragraph (e) ly to existing facilities. et as evidenced by: vation the required one-hour /or ceilings were compromised . Holes and penetrations that materials approved for use in construction present the ethat begins in one space can ther areas of the facility. In g of the Administrator's office, and of the Business office, ing of the TV room, in the pantry, or was left open in the mop					

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JYTO21 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				OATE SURVEY OMPLETED	
		HAL085008	B. WING		09/0	1/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE			
ROSE TA	ARA PLANTATION	125 PLAN KING, NC	TATION DRI	VE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
C 189	2. Based on obser are prevented from resist the passage doors that do not of present the possibition one space can quict the remainder of the Findings include; a. There is a hole to latchset to bedroom b. The door to bed c. The door to the like a "Dutch" door were found; i. There is no latch to allow automatic lii. There is a hole latchset on the bott iii. The ½ inch gap door was sealed or Combustible weath in an unsprinklered 3. Based on obser "screamer," protect switch was not work."	vation, many corridor doors closing quickly and latching to of fire and smoke. Corridor ose completely and latch lity that a fire that begins in ckly spread to the corridor and e facility. through the door beside the n 17. room 28 was propped open. TV room was cut into 2 pieces The following deficiencies the following deficiencies the top half of the door atching when closed. through the door beside the om half of the door. between the 2 halves of the nly with rubber weather strip. er strip is not an effective seal building. vation, the warning device, ting the emergency release king at the exit from the dining ng warning devices could	C 189				
C 199	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list provided with exhalt two cubic feet per r requirement does r	PHYSICAL PLANT	C 199				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	LE CONSTRUCTION 101	(X3) DATE SURVEY COMPLETED		
		HAL085008	B. WING		09/0	1/2016	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ROSE TA	ROSE TARA PLANTATION 125 PLANTATION DRIVE KING, NC 27021						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
C 199	these specified spa (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex- which shall not app This Rule is not me Based on observation maintain required ex- Non-functioning ex- unhealthy buildup of bacteria. Finding includes;	aces: rage; ; toilet rooms; closets; and apply to new and existing apply to Paragraph (e) ly to existing facilities.	C 199				

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Division of Health Service Regulation STATE FORM

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